

	Debtor	Creditor	Filing Date	Filing Type	Filing Location	View Full-Text
37.	KOHL'S PHARMACY & HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATION	02/21/2001	TERMINATION	NE	Full-Text
38.	KOHL'S PHARMACY & HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATION	08/25/2000	AMENDMENT	NE	Full-Text
39.	KOHL'S PHARMACY & HOMECARE, INC.	VGM FINANCIAL SERVICES	02/10/2000	ORIGINAL	NE	Full-Text
40.	KOHL'S PHARMACY & HOMECARE, INC.	VGM FINANCIAL SERVICES	02/10/2000	ORIGINAL	NE	Full-Text
41.	KOHL'S PHARMACY & HOMECARE, INC.	VGM LEASING, INC.	01/03/2000	ORIGINAL	NE	Full-Text
42.	KOHL'S PHARMACY AND HOMECARE, INC.	U.S. BANK NATIONAL ASSOCIATION	11/05/1999	ORIGINAL	NE	Full-Text

Liens & Judgments Summary(2 Records)

	Debtor	Creditor	Amount	Filing Type	Filing Location	View Full-Text
1.	KOHL'S PHARMACY	CENTRAL WASTE SYSTEM	\$1,561.00	SMALL CLAIMS JUDGMENT RELEASE	DOUGLAS COUNTY, NE	Full-Text
2.	KOHL'S PHARMACY	CENTRAL WASTE SYSTEM	\$1,561.00	SMALL CLAIMS JUDGMENT	DOUGLAS COUNTY, NE	Full-Text

Federal Case Law(2 Records)

	Case Title	Westlaw Case Number	Filing Date	Court	Company Interest
1.	Amerisourcebergen Drug Corp. v. Kohl's Pharmacy and Homecare, Inc.	2010 WL 3768371	09/24/2010	E.D.Pa.	Defendant
2.	Caride v. Kohl	2005 WL 1860295	08/03/2005	W.D.Okla.	Defendants

State Case Law(4 Records)

	Case Title	Westlaw Case Number	Filing Date	Court	Company Interest
1.	Ballard RN Center, Inc. v. Kohl's Pharmacy and Homecare, Inc.	2015 WL 6387653	10/22/2015	Ill.	Appellee
2.	Ballard RN Center, Inc. v. Kohl's Pharmacy and Homecare, Inc.	2015 WL 423654	01/28/2015	Ill.	-
3.	Ballard RN Center, Inc. v. Kohl's Pharmacy and Homecare, Inc.	2014 WL 5794548	11/06/2014	Ill.App. 1 Dist.	Defendant?Appellant
4.	Ballard RN Center, Inc. v. Kohl's Pharmacy and Homecare, Inc.	2014 WL 4929452	09/30/2014	Ill.App. 1 Dist.	Defendant?Appellant

Docket Records(3 Records)

	Docket Title	Docket Number	Filing Date	Court	Nature of Suit	Company Interest
1.	AMERISOUR CEBERGEN DRUG CORPORATI ON v. KOHLL'S PHARMACY AND HOMECARE, INC.	2:09-CV-0116 6	03/17/2009	E.D.PA.	CONTRACT: OTHER CONTRACT (190),CONTR ACTS,OTHE R CONTRACT	Counter Claimant
2.	CARIDE ET AL v. KOHLL ET AL	5:04-CV-0136 7	10/20/2004	W.D.OKLA.	TORTS: OTHER PERSONAL PROPERTY DAMAGE (380),TORTS/ NEGLIGENC E,PERSONAL PROPERTY,O THER PERSONAL PROPERTY DAMAGE	Defendant
3.	MEDICAL CENTER PHARM, ET AL v. ASHCROFT, ET AL	7:04-CV-0013 0	09/27/2004	W.D.TEX.	OTHER STATUTES: OTHER STATUTORY ACTIONS (890),OTHER FEDERAL STATUTES,O THER FEDERAL STATUTORY ACTIONS	Amicus

UCC Filings(42 Records)

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98158780931	Full Filing Number:	9815878093-1
Filing Date:	11/6/2015	Expiration Date:	11/06/2020
Filing Time:	1:50PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-

Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98158739871	Full Filing Number:	9815873987-1
Filing Date:	10/16/2015	Expiration Date:	12/10/2020
Filing Time:	4:47PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	CONTINUATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	12/10/2010	Cross Reference Filing Number:	9810544451-8
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY &	Debtor Address:	12741 Q STREET
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	HOMECARE, INC.		OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	-
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	GREAT WESTERN BANK	Secured Party Address:	14545 WEST CENTER ROAD OMAHA, NE 68144
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	13-666-6869
Secured Party Headquarters DUNS:	00-697-0123		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98147836557	Full Filing Number:	9814783655-7
Filing Date:	6/4/2014	Expiration Date:	06/04/2019
Filing Time:	8:30PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12757 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	CARDINAL HEALTH	Secured Party Address:	7000 CARDINAL PLACE DUBLIN, OH 43017
Secured Party Foreign City:	-	Secured Party Country:	-

Secured Party FEIN:	-	Secured Party Business DUNS:	09-753-7435
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99137198111	Full Filing Number:	9913719811-1
Filing Date:	7/26/2013	Expiration Date:	07/26/2018
Filing Time:	2:49PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC.	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99137101930	Full Filing Number:	9913710193-0
Filing Date:	3/7/2013	Expiration Date:	03/07/2018

Filing Time:	2:06PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99126838382	Full Filing Number:	9912683838-2
Filing Date:	2/1/2012	Expiration Date:	02/01/2017
Filing Time:	8:30PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	PHILIPS MEDICAL CAPITAL, LLC.	Secured Party Address:	1111 OLD EAGLE SCHOOL ROAD WAYNE, PA 19087
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	13-434-5268
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98105444518	Full Filing Number:	9810544451-8
Filing Date:	12/10/2010	Expiration Date:	12/10/2015
Filing Time:	12:48PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	GREAT WESTERN BANK	Secured Party Address:	14545 WEST CENTER ROAD
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			OMAHA, NE 68144
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98084292331	Full Filing Number:	9808429233-1
Filing Date:	12/2/2008	Expiration Date:	-
Filing Time:	2:13PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-

Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	04-797-0459		

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98084289699	Full Filing Number:	9808428969-9
Filing Date:	12/1/2008	Expiration Date:	-
Filing Time:	2:53PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	04/06/2004	Cross Reference Filing Number:	9904326881-4

Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98084290197	Full Filing Number:	9808429019-7
Filing Date:	12/1/2008	Expiration Date:	-
Filing Time:	4:16PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	12/11/2003	Cross Reference Filing Number:	9903307868-1
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99075192669	Full Filing Number:	9907519266-9
Filing Date:	7/31/2007	Expiration Date:	11/12/2012
Filing Time:	9:01PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	CONTINUATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	11/12/2002	Cross Reference Filing Number:	9902243608-2
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	INVACARE CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Secured Party Name:	INVACARE CREDIT CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign	-	Secured Party Country:	-

City:			
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99075176261	Full Filing Number:	9907517626-1
Filing Date:	7/17/2007	Expiration Date:	01/02/2013
Filing Time:	2:14PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	CONTINUATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910

Secured Party Headquarters DUNS:	-
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Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	78-504-1059
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99064325140	Full Filing Number:	9906432514-0
Filing Date:	1/13/2006	Expiration Date:	01/02/2008
Filing Time:	4:45PM	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	AMENDMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF	Filing Office Location:	1301 STATE CAPITOL

STATE/UCC DIVISION	LINCOLN, NE 68509
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Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	-		

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FUNDING INC.	Secured Party Address:	1818 MARKET STREET
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			9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	78-504-1059
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99054294862	Full Filing Number:	9905429486-2
Filing Date:	12/29/2005	Expiration Date:	01/02/2008
Filing Time:	3:49PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ASSIGNMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign	-	Secured Party Country:	-

City:			
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	-		

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Secured Party Name:	LEAF FINANCIAL CORPORATION	Secured Party Address:	1818 MARKET STREET 9TH FLOOR PHILADELPHIA, PA 19103
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	18-865-3042
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99054196509	Full Filing Number:	9905419650-9
Filing Date:	10/31/2005	Expiration Date:	10/31/2010
Filing Time:	9:41PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL, DAVID	Debtor Address:	107 SOUTH 128TH PLAZA OMAHA, NE 68154
Debtor Foreign City:	-	Debtor Country:	-

Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12737 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	19-497-1818
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	BANKERS LEASING COMPANY	Secured Party Address:	10052 JUSTIN DRIVE, SUITE A URBANDALE, IA 50323
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99053917813	Full Filing Number:	9905391781-3
Filing Date:	4/26/2005	Expiration Date:	01/02/2008
Filing Time:	11:02PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ASSIGNMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/02/2003	Cross Reference Filing Number:	9903251184-4
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET
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			OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	83-546-3910
Secured Party Headquarters DUNS:	-		

Secured Party Name:	AGFAPHOTO USA CORPORATION	Secured Party Address:	100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	04-797-0459
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99043268814	Full Filing Number:	9904326881-4
Filing Date:	4/6/2004	Expiration Date:	04/06/2009
Filing Time:	10:33PM	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
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Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99043129149	Full Filing Number:	9904312914-9
Filing Date:	1/15/2004	Expiration Date:	01/15/2009
Filing Time:	2:57PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	IFC CREDIT CORPORATION	Secured Party Address:	8700 WAUKEGAN ROAD, SUITE 100 MORTON GROVE, IL 60053
Secured Party Foreign City:	-	Secured Party Country:	-

Secured Party FEIN:	-	Secured Party Business DUNS:	60-688-8873
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99033078681	Full Filing Number:	9903307868-1
Filing Date:	12/11/2003	Expiration Date:	12/11/2008
Filing Time:	10:15PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766383	Full Filing Number:	9803176638-3
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	10:49PM	Film Number:	-

Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	01/03/2000	Cross Reference Filing Number:	9900006291
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE INC.	Debtor Address:	12741 Q. ST MILLARD, NE 68187
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM LEASING INC.	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766422	Full Filing Number:	9803176642-2
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	10:53PM	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	06/23/2000	Cross Reference Filing Number:	9900065265
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766408	Full Filing Number:	9803176640-8
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	10:50PM	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	02/10/2000	Cross Reference Filing Number:	9900023774
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST. MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-

City:			
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766410	Full Filing Number:	9803176641-0
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	10:52PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	02/10/2000	Cross Reference Filing Number:	9900023787
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766446	Full Filing Number:	9803176644-6
Filing Date:	10/17/2003	Expiration Date:	-

Filing Time:	10:55PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	07/01/2002	Cross Reference Filing Number:	9902224162-3
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031766573	Full Filing Number:	9803176657-3
Filing Date:	10/17/2003	Expiration Date:	-
Filing Time:	11:33PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	02/22/2002	Cross Reference Filing Number:	9902197249-3
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	THE HARVARD DRUG GROUP, LLC	Secured Party Address:	31778 ENTERPRISE DRIVE LIVONIA, MI
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	19-142-7277
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99032940778	Full Filing Number:	9903294077-8
Filing Date:	9/10/2003	Expiration Date:	-
Filing Time:	11:50PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	07/22/2002	Cross Reference Filing Number:	9902227465-8
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK N.A.	Secured Party Address:	400 CITY CENTER OSHKOSH, WI 54901
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Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	98031722367	Full Filing Number:	9803172236-7
Filing Date:	8/22/2003	Expiration Date:	08/22/2008
Filing Time:	4:51PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	-
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	GREAT WESTERN BANK	Secured Party Address:	6015 N.W. RADIAL HWY., P.O. BOX 4070 OMAHA, NE 68104
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	00-697-0123
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
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Filing Number:	99032670600	Full Filing Number:	9903267060-0
Filing Date:	4/1/2003	Expiration Date:	04/01/2008
Filing Time:	1:57PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	US BANK TRUST N.A. AS CUSTODIAN OR TRUSTEE	Secured Party Address:	180 E FIFTH STREET ST PAUL, MN 55101
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	06-818-5537
Secured Party Headquarters DUNS:	-		

Secured Party Name:	DVI STRATEGIC PARTNER GROUP, A DIVISION OF DVI FINANCIAL SERVICES INC.	Secured Party Address:	1751 LAKE COOK ROAD SUITE 650 DEERFIELD, IL 60015
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	01-618-3381
Secured Party Headquarters DUNS:	15-373-4975		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99032511844	Full Filing Number:	9903251184-4

Filing Date:	1/2/2003	Expiration Date:	01/02/2008
Filing Time:	4:07PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	3427 SOUTH 84TH STREET OMAHA, NE 68127
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	11-869-0221
Debtor Headquarters DUNS:	06-866-1719		

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q. STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	AGFA CORP.	Secured Party Address:	200 BALLARDVALE STREET WILMINGTON, MA 01887
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99022436082	Full Filing Number:	9902243608-2
Filing Date:	11/12/2002	Expiration Date:	11/12/2007
Filing Time:	9:02PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-

Pages:			
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	INVACARE CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	07-691-6246
Secured Party Headquarters DUNS:	-		

Secured Party Name:	INVACARE CREDIT CORPORATION	Secured Party Address:	ONE INVACARE WAY ELYRIA, OH 44035
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	80-454-6950
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99022274658	Full Filing Number:	9902227465-8
Filing Date:	7/22/2002	Expiration Date:	07/22/2007
Filing Time:	9:26PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-

Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q ST OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK N.A.	Secured Party Address:	400 CITY CENTER OSHKOSH, WI 54901
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99022241623	Full Filing Number:	9902224162-3
Filing Date:	7/1/2002	Expiration Date:	07/01/2007
Filing Time:	9:52PM	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719

Debtor Headquarters DUNS:	-
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Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99021972493	Full Filing Number:	9902197249-3
Filing Date:	2/22/2002	Expiration Date:	02/22/2007
Filing Time:	9:04PM	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUNS:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	THE HARVARD DRUG GROUP, LLC	Secured Party Address:	31778 ENTERPRISE DRIVE LIVONIA, MI
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party	-		

Headquarters DUNS:

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	99021872566	Full Filing Number:	9902187256-6
Filing Date:	1/8/2002	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	LEASE	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITOL LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12727 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	US BANCORP	Secured Party Address:	1310 MADRID STREET, SUITE 101 MARSHALL, MN 56258
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9901149354	Full Filing Number:	9901149354
Filing Date:	6/14/2001	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-

Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ASSIGNMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	02/18/1998	Cross Reference Filing Number:	9998759859
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	PHARMACY CORPORATION OF AMERICA	Debtor Address:	12737 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	83-854-5515
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	DVI CAPITAL COMPANY	Secured Party Address:	6611 ROCKSIDE ROAD, STE. 110 INDEPENDENCE, OH 44131
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	84-876-6622
Secured Party Headquarters DUNS:	15-373-4975		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9901145302	Full Filing Number:	9901145302
Filing Date:	5/30/2001	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD

		LINCOLN, NE 68509
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Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 "Q" ST. OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	PO BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9901118693	Full Filing Number:	9901118693
Filing Date:	2/21/2001	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	TERMINATION	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	03/17/1999	Cross Reference Filing Number:	9999800180
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9900078515	Full Filing Number:	9900078515
Filing Date:	8/25/2000	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	AMENDMENT	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	11/05/1999	Cross Reference Filing Number:	9999905149
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 AND FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9900023774	Full Filing Number:	9900023774
Filing Date:	2/10/2000	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC	Debtor Address:	12741 Q. ST MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9900023787	Full Filing Number:	9900023787
Filing Date:	2/10/2000	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross	-	Cross Reference Filing	-

Reference Filing:		Number:	
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC	Debtor Address:	12741 Q. ST MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	VGM FINANCIAL SERVICES	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9900006291	Full Filing Number:	9900006291
Filing Date:	1/3/2000	Expiration Date:	-
Filing Time:	-	Filing Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY & HOMECARE, INC	Debtor Address:	12741 Q. ST MILLARD, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719

Debtor Headquarters DUNS:	-
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Secured Party or Creditor Information

Secured Party Name:	VGM LEASING, INC.	Secured Party Address:	P.O. BOX 1620 WATERLOO, IA 50704
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	55-660-5806
Secured Party Headquarters DUNS:	-		

Filing Information

Original Filing Number:	-	Full Original Filing Number:	-
Filing Number:	9999905149	Full Filing Number:	9999905149
Filing Date:	11/5/1999	Expiration Date:	-
Filing Time:	-	Film Number:	-
Total Number of Filing Pages:	-	Page Count:	-
Page Number:	-	Volume Number:	-
Filing Method:	-	Filing Action:	-
Filing Type:	ORIGINAL	Filing Status:	-
Filing Termination:	-	Reference Code:	-
Filing Date of Cross Reference Filing:	-	Cross Reference Filing Number:	-
Contract Type:	-	Filing State:	NE
Filing Office:	SECRETARY OF STATE/UCC DIVISION	Filing Office Location:	1301 STATE CAPITAL BLD LINCOLN, NE 68509

Debtor Information

Debtor Name:	KOHLL'S PHARMACY AND HOMECARE, INC.	Debtor Address:	12741 Q STREET OMAHA, NE 68137
Debtor Foreign City:	-	Debtor Country:	-
Debtor FEIN:	-	Debtor Business DUN:	06-866-1719
Debtor Headquarters DUNS:	-		

Secured Party or Creditor Information

Secured Party Name:	U.S. BANK NATIONAL ASSOCIATION	Secured Party Address:	1700 FARNAM STREET OMAHA, NE 68102
Secured Party Foreign City:	-	Secured Party Country:	-
Secured Party FEIN:	-	Secured Party Business DUNS:	-
Secured Party	-		

Headquarters DUNS:

Liens & Judgments(2 Records)

Filing Type: SMALL CLAIMS JUDGMENT RELEASE | Filing Date: 2/27/1996

Filing Information

Filing Number:	9600357	Hidden Filing Number:	-
Original Filing Number:	-	Certificate Number:	-
Volume Number:	-	Page Number:	-
Original Book:	-	Original Page:	-
IRS Serial Number:	-	Filing Type:	SMALL CLAIMS JUDGMENT RELEASE
Action Type:	SMALL CLAIMS JUDGMENT	Unlawful Detainer:	-
Filing Date:	2/27/1996	Release Date:	8/1/1996
Filing Office:	DOUGLAS COUNTY COURT	Court ID:	NEDOULI
Venue:	1819 FARNAM 2ND FLOOR OMAHA, NE 68183	County:	DOUGLAS

Debtor Information

Debtor:	KOHL'S PHARMACY	Debtor Type:	BUSINESS
Address:	12741 Q ST OMAHA, NE 68137		
Debtor Amount:	\$1,561.00		

Creditor Information

Creditor:	CENTRAL WASTE SYSTEM
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Filing Type: SMALL CLAIMS JUDGMENT | Filing Date: 2/27/1996

Filing Information

Filing Number:	9600357	Hidden Filing Number:	-
Original Filing Number:	-	Certificate Number:	-
Volume Number:	-	Page Number:	-
Original Book:	-	Original Page:	-
IRS Serial Number:	-	Filing Type:	SMALL CLAIMS JUDGMENT
Action Type:	SMALL CLAIMS JUDGMENT	Unlawful Detainer:	-
Filing Date:	2/27/1996	Release Date:	-
Filing Office:	DOUGLAS COUNTY COURT	Court ID:	NEDOULI

Venue:	1819 FARNAM 2ND FLOOR OMAHA, NE 68183	County:	DOUGLAS
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Debtor Information

Debtor:	KOHL'S PHARMACY	Debtor Type:	BUSINESS
Address:	12741 Q ST OMAHA, NE 68137		
Debtor Amount:	\$1,561.00		

Creditor Information

Creditor:	CENTRAL WASTE SYSTEM
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Professional Licenses(7 Records)

Name & Professional Information

Name:	KOHL, DAVID	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-
Address Type:	-		
County:	OUT OF STATE	Country:	-
Practice County:	-	Professional Country:	-
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	107 S 128TH PLZ OMAHA, NE 68154	Employer County:	-
Employer Phone:	-		
Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	-		

Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing Information

Licensing Agency:	FL DEPARTMENT OF HEALTH		
Licensing/Certification Type:	PHARMACY AFFILIATE		
Licensing Number:	PHAF		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	11/7/2014		
Expiration Date:	-		
License Status:	CLEAR		
Prerequisite Lic. Type:	-		
Specialty:	-		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire Date:	-
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	FL	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	-
License Description:	-	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to Proceeding:	-	Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	-
License Exam Type:	-	Provider Type:	-
Year Licensed:	-	Basis Of Licensure:	-
Method Of Licensure:	-	Additional License Info:	-

Name & Professional Information

Name:	KOHL, JUSTIN	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-
Address Type:	-		
County:	OUT OF STATE	Country:	-
Practice County:	-	Professional Country:	-
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	16705 ONTARIO PLZ OMAHA, NE 68154	Employer County:	-
Employer Phone:	-		
Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	-		
Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing Information

Licensing Agency:	FL DEPARTMENT OF HEALTH		
Licensing/Certification Type:	PHARMACY AFFILIATE		
Licensing Number:	PHAF		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	11/7/2014		
Expiration Date:	-		
License Status:	CLEAR		
Prerequisite Lic. Type:	-		
Specialty:	-		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-

Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire Date:	-
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	FL	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	-
License Description:	-	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to Proceeding:	-	Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	-
License Exam Type:	-	Provider Type:	-
Year Licensed:	-	Basis Of Licensure:	-
Method Of Licensure:	-	Additional License Info:	-

Name & Professional Information

Name:	KOHL, MARVIN S	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-
Address Type:	-		
County:	-	Country:	-
Practice County:	-	Professional Country:	UNITED STATES
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	-	Employer County:	-
Employer Phone:	-		

Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	PERSON		
Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing Information

Licensing Agency:	NE HEALTH AND HUMAN SERVICES		
Licensing/Certification Type:	PHARMACIST		
Licensing Number:	7027		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	7/1/1952		
Expiration Date:	-		
License Status:	-		
Prerequisite Lic. Type:	-		
Specialty:	PHARMACY		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire Date:	-
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	NE	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	-

License Description:	-	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to Proceeding:	-	Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	-
License Exam Type:	-	Provider Type:	-
Year Licensed:	-	Basis Of Licensure:	-
Method Of Licensure:	-	Additional License Info:	-

Name & Professional Information

Name:	KOHL, MARVIN S	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-
Address Type:	-		
County:	-	Country:	-
Practice County:	-	Professional Country:	UNITED STATES
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	-	Employer County:	-
Employer Phone:	-		
Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	-
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	PERSON		
Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing Information

Licensing Agency:	NE HEALTH AND HUMAN SERVICES
Licensing/Certification	CERTIFIED PRECEPTOR

Type:			
Licensing Number:	7027		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	7/1/1952		
Expiration Date:	-		
License Status:	-		
Prerequisite Lic. Type:	-		
Specialty:	PHARMACY		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire Date:	-
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	NE	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	-
License Description:	-	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to Proceeding:	-	Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	-
License Exam Type:	-	Provider Type:	-
Year Licensed:	-	Basis Of Licensure:	-
Method Of Licensure:	-	Additional License Info:	-

Name & Professional Information

Name:	KOHL, DAVID GEOFFREY	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-

Address Type:	-		
County:	DOUGLAS	Country:	-
Practice County:	-	Professional Country:	-
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	-	Employer County:	-
Employer Phone:	-		
Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position Type:	-	Employment Field:	PHARMACY
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	PERSON		
Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Licensing Information

Licensing Agency:	NE HEALTH AND HUMAN SERVICES		
Licensing/Certification Type:	PHARMACIST		
Licensing Number:	10071		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	3/5/1987		
Expiration Date:	1/1/2014		
License Status:	-		
Prerequisite Lic. Type:	-		
Specialty:	-		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire	-

		Date:	
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	NE	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-
Instate License:	-	Out of State License:	-
License Description:	-	Conditional License:	-
License Disciplined:	-	License Restriction:	-
Lic. Subject to Proceeding:	-	Board Action Indicator:	-
Board Actions:	-	Board Action Case Number:	-
Board Action Effective Date:	-	How Licensed:	-
License Exam Type:	-	Provider Type:	-
Year Licensed:	-	Basis Of Licensure:	-
Method Of Licensure:	-	Additional License Info:	-

Name & Professional Information

Name:	KOHL, JUSTIN MITCHELL	Alias:	-
Maiden:	-	Trade:	-
Professional Title:	-	Attorney Title:	-
Birthplace:	-	State of Birth:	-
Address Type:	-		
County:	DOUGLAS	Country:	-
Practice County:	-	Professional Country:	-
Location:	-	Region:	-
Toll Free Phone:	-		
Fax:	-		
Website:	-		

Employer Information

Employer:	-	Employer DBA:	-
Employer Address:	-	Employer County:	-
Employer Phone:	-		
Employer License Type:	-		
Employer License Number:	-		
Employment Status:	-	Employment Status Details:	-
Employment Position:	-	Employment Field:	PHARMACY

Type:			
Employer Mailing District:	-	Employer Fax:	-
Date Hired:	-	Date Released:	-
Organization:	PERSON		
Supervisor Id:	-	Supervisor Name:	-
Supervisor License Type:	-		
Supervisor License Number:	-		

Historical Information

Information Changed Date:	2/21/2008	Previous Employer:	-
Previous County:	DOUGLAS		
Previous Country:	-	Previous Phone:	-

Licensing Information

Licensing Agency:	NE HEALTH AND HUMAN SERVICES		
Licensing/Certification Type:	PHARMACIST		
Licensing Number:	9845		
Board Certification:	-		
Certification Board:	-		
License Issue Date:	2/22/1985		
Expiration Date:	1/1/2014		
License Status:	-		
Prerequisite Lic. Type:	-		
Specialty:	-		
Other Specialty:	-	Certified Specialty:	-
Primary Specialty:	-	Secondary Specialty:	-
Special Privilege:	-	Area of Practice:	-
Alternate License Number:	-	Other License Number:	-
License Id:	-	Prerequisite Lic. Number:	-
Temp. License Number:	-	Board Certified:	-
Board Cert. In Primary:	-	Board Cert. In Secondary:	-
Temp. License Issue Date:	-	Temp. License Expire Date:	-
License Active:	-	Status Effective Date:	-
License Transaction Date:	-	Revoked Date:	-
Reinstated Date:	-	Renewal Date:	-
Renewal Period:	-	License Sanctioned Date:	-
First License Date:	-	Req. To Be Inactive Date:	-
Date License Updated:	-		
License Class:	-		
Class Status:	-	Class Description:	-
License State:	NE	State of Original License:	-
Other State Licensed In:	-	Primary Practice State:	-
Secondary Practice State:	-	Third Practice State:	-